



Fulbright Visiting Scholar Program Application Form

1. Home Country: [Click here to enter text.](#)
2. Program: [Click here to enter text.](#)
3. Special Award Name: [Click here to enter text.](#)
4. Category of Grant: ☐Lecture ☐Research ☐Research/Lecture
5. Title: [Click here to enter text.](#)
6. Gender: [Click here to enter text.](#)
7. Family Name/Surname: [Click here to enter text.](#) Given Name: [Click here to enter text.](#)
8. Country of Citizenship: [Click here to enter text.](#)
9. Country of Permanent Residence: [Click here to enter text.](#)
10. Do you have or are you applying for US permanent residency (ie: green card) or are you a US Citizen?
☐Yes ☐No
11. Date of Birth: [Click here to enter a date.](#) Place of Birth (City/Country): [Click here to enter text.](#)
12. US Social Security Number: [Click here to enter text.](#)
13. Current Position: [Click here to enter text.](#) Start Date: [Click here to enter a date.](#)
Department Name: [Click here to enter text.](#)
Institution Name: [Click here to enter text.](#)
☐Check here if you are an independent of unaffiliated scholar (please enter your residence address below)

Address:

Street	City	
Province/State	Country	Postal Code
Work Email: Click here to enter text.	Phone: Click here to enter text.	

14. Academic credentials (Degrees: list three highest degrees):

Name of Institution	City, State/Province, Country	Website	Discipline, Diploma, Date Received
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

15. Most significant professional accomplishments, honors, and awards and up to three significant publications:
[Click here to enter text.](#)

16. Previous Fulbright Grants: ☐ Yes ☐ No

If yes, list most recent first:

[Click here to enter text.](#)



Fulbright Visiting Scholar Program Application Form

Program/Professional Information

17. Project Title:

[Click here to enter text.](#)

18. Brief summary of project statement/rationale:

[Click here to enter text.](#)

19. Proposed grant length: [Please specify in months](#)

a. Begin your project: [Click here to enter a date.](#)

b. End your project: [Click here to enter a date.](#)

20. Major academic discipline: [Click here to enter text.](#)

a. Primary Specialization: [Click here to enter text.](#)

21. Specialization(s): List subfields within the academic discipline

[Click here to enter text.](#)

[Click here to enter text.](#)

[Click here to enter text.](#)



Fulbright Visiting Scholar Program Application Form

22. Professional Travel and/or residence abroad during the last five years:

Country	Purpose of Activity	Length of Stay
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

If you have entered the United States on a J-1 or J-2 visa, please list the J category of sponsorship (professor, research scholar, student, specialist, short-term scholar, etc.) and provide copies of your DS-2019 as an attachment.

J Category of sponsorship: [Click here to enter text.](#)

23. Professional Memberships (cultural, educational, and professional organizations):

Organization	Your Role	Length of Membership
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.



Fulbright Visiting Scholar Program Application Form

24. References:

Referee One:

Surname: Click here to enter text.	Given Name: Click here to enter text.
Institution: Click here to enter text.	
Address: City	Country
Email: Click here to enter text.	Phone: Click here to enter text.
Fax: Click here to enter text.	

Referee Two:

Surname: Click here to enter text.	Given Name: Click here to enter text.
Institution: Click here to enter text.	
Address: Click here to enter text.	Click here to enter text.
Email: Click here to enter text.	Phone: Click here to enter text.
Fax: Click here to enter text.	

Referee Three:

Surname: Click here to enter text.	Given Name: Click here to enter text.
Institution: Click here to enter text.	
Address: Click here to enter text.	Click here to enter text.
Email: Click here to enter text.	Phone: Click here to enter text.
Fax: Click here to enter text.	

25. Self-Assessment of English Proficiency:

Reading: Choose an item. Writing: Choose an item. Speaking: Choose an item.

Is English your native language? _Choose an item.



Fulbright Visiting Scholar Program Application Form

26. Preferred Host Institution(s):

If you have made arrangements for an affiliation with a US host institution, please provide the following information and include the letter of invitation as an attachment. If you have not made arrangements for an affiliation, please identify three preferences. Be sure to give detailed reasons for each choice, and to confirm that these universities offer programs in your field of interest.

Affiliation 1:

Professor: Title Given Name Surname		
Department: Click here to enter text.		
Phone: Click here to enter text.	Fax: Click here to enter text.	Email: Click here to enter text.
Institution Name: Click here to enter text.		
Address: Click here to enter text.		

Will you be attaching a letter of invitation? ☐ Yes ☐ No

If you have not obtained a letter of invitation, please provide reasons for the suggested affiliation:

Click here to enter text.

Affiliation 2:

Professor: Title Given Name Surname		
Department: Click here to enter text.		
Phone: Click here to enter text.	Fax: Click here to enter text.	Email: Click here to enter text.
Institution Name: Click here to enter text.		
Address: Click here to enter text.		

Will you be attaching a letter of invitation? ☐ Yes ☐ No

If you have not obtained a letter of invitation, please provide reasons for the suggested affiliation:

Click here to enter text.

(Continued on next page)



Fulbright Visiting Scholar Program Application Form

Affiliation 3:

Professor: Title Given Name Surname		
Department: Click here to enter text.		
Phone: Click here to enter text.	Fax: Click here to enter text.	Email: Click here to enter text.
Institution Name: Click here to enter text.		
Address: Click here to enter text.		

Will you be attaching a letter of invitation? ☐ Yes ☐ No

If you have not obtained a letter of invitation, please provide reasons for the suggested affiliation:

Click here to enter text.



Fulbright Visiting Scholar Program Application Form

27. Home Mailing Address

Street

City

Province/State

Country

Postal Code

Email: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

28. Emergency Contact Information

Street

City

Province/State

Country

Postal Code

Email: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

29. Marital Status: Choose an item.

30. Dependents (spouse and any unmarried children under the age of 21) who may accompany you to the United States. List each separately and provide the following information as it appears on their passports. Please attach all accompanying dependents' passports to the application. If your dependent(s) have previously entered the United States on a J-1 or J-2 visa, please include a copy of their DS-2019, which indicates the J-visa category of sponsorship (professor, research scholar, student, specialist, short-term scholar, etc.)

Dependent One:

Relationship: Choose an item.	Length of Stay in the US: Number of Months	Gender: Choose an item.
Surname: Click here to enter text.	Given Name: Click here to enter text.	
Date of Birth: Click here to enter a date.	Place of Birth: Click here to enter text.	
Country of Citizenship: Click here to enter text.	Country of Residence: Click here to enter text.	

Dependent two:

Relationship: Choose an item.	Length of Stay in the US: Click here to enter text.	Gender: Choose an item.
Surname: Click here to enter text.	Given Name: Click here to enter text.	
Date of Birth: Click here to enter a date.	Place of Birth: Click here to enter text.	
Country of Citizenship: Click here to enter text.	Country of Residence: Click here to enter text.	

(Continued on next page)



Fulbright Visiting Scholar Program Application Form

Dependent Three:

Relationship: Choose an item.	Length of Stay in the US: Click here to enter text.	Gender: Choose an item.
Surname: Click here to enter text.	Given Name: Click here to enter text.	
Date of Birth: Click here to enter a date.	Place of Birth: Click here to enter text.	
Country of Citizenship: Click here to enter text.	Country of Residence: Click here to enter text.	

Dependent Four:

Relationship: Choose an item.	Length of Stay in the US: Click here to enter text.	Gender: Choose an item.
Surname: Click here to enter text.	Given Name: Click here to enter text.	
Date of Birth: Click here to enter a date.	Place of Birth: Click here to enter text.	
Country of Citizenship: Click here to enter text.	Country of Residence: Click here to enter text.	

Dependent Five:

Relationship: Choose an item.	Length of Stay in the US: Click here to enter text.	Gender: Choose an item.
Surname: Click here to enter text.	Given Name: Click here to enter text.	
Date of Birth: Click here to enter a date.	Place of Birth: Click here to enter text.	
Country of Citizenship: Click here to enter text.	Country of Residence: Click here to enter text.	

Dependent Six:

Relationship: Choose an item.	Length of Stay in the US: Click here to enter text.	Gender: Choose an item.
Surname: Click here to enter text.	Given Name: Click here to enter text.	
Date of Birth: Click here to enter a date.	Place of Birth: Click here to enter text.	
Country of Citizenship: Click here to enter text.	Country of Residence: Click here to enter text.	



Fulbright Visiting Scholar Program Application Form

31. Other Means of Financial Support:

Please list all non-Fulbright funding you expect to receive during your grant (sabbatical funding or other paid leave from your university, personal savings, etc.). Please list funding amounts in US dollars and attach supporting documentation/financial support statements to the application.

Do you expect to receive sabbatical pay, paid leave of absence, or other sources of financial support during your Fulbright Grant?

☐ Yes ☐ No

If you answered 'yes', please specify the sources and amounts in US dollars. Please enter the total amounts for the expected grant period, rather than monthly amounts.

Source	Amount
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

32. How did you learn about the Fulbright Visiting Scholar Program?

☐ Friend or Relative

☐ Fulbright Alumnus

☐ Poster/Flyer

☐ University [Please Specify](#)

☐ Newspaper [Please Specify](#)

☐ Other Publication [Please Specify](#)

☐ Fulbright Website [Please Specify](#)

☐ Other Website [Please Specify](#)

☐ Other [Please Specify](#)

33. How long did you consider applying for a Fulbright Visiting Scholar Award before submitting the application?

Click here to enter text.



Fulbright Visiting Scholar Program Application Form

34. Beyond the reputation of the Fulbright program itself, what were the major factors in helping you decide to apply for a Fulbright Visiting Scholar Award?

☐ Publicity about the program

☐ Advice of a colleague

☐ Advice of a former Fulbrighter

☐ Time was right in my career

☐ Other

Please Specify

35. Physical Impairment

Note: This information is gathered for statistical purposes and to ensure appropriate placement and accommodations. The Fulbright Visiting Scholar Program does not discriminate on the basis of race, color, religion, sex, age, national origin, or physical impairment.

Please describe, if any:

[Click here to enter text.](#)

By my signature below, I certify that to the best of my knowledge, the information provided in all parts of my application is accurate and complete. I understand that final approval of my application is dependent on my eligibility for a J Visa in the United States. I agree to return to my home country upon the expiration of my authorized stay in the United States.

Signature (Given Name/Surname):

Date (MM/DD/YYYY):